

OCT. 20. 2005 4:45PM

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NO. 3847 P. 1



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**FACSIMILE COVER SHEET**

**DATE:** October 20, 2005

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<u>RECIPIENT</u>	<u>FAX NUMBER</u>	<u>COMPANY/FIRM NAME</u>	<u>PHONE NUMBER</u>
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**EXT. NO.:** 8671

**BILLING CODE:** 55764-75681

**TOTAL # OF PAGES:** 2

**MESSAGE:** Attached is Part B - Issue Fee Transmittal for filing in connection with Ser. No. 09/600,012.

The Commissioner is hereby authorized to charge the issue fee in the amount of \$1,400 to Deposit Account No. 11-0160.

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NO. 3847 P. 2

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Complete and send this form, together with applicable fee(s), to: Mail

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27526 7590 09/08/2005

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Uneda Koye	(Depositor's name)
<i>[Signature]</i>	(Signature)
10-20-2005	(Date)

10/21/2005 TBESHAHE 00000015 110160 09600012

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/600,012	09/06/2000	Jeffrey Owen Phillips	CUMP.75681	7874

TITLE OF INVENTION: METHOD AND APPARATUS FOR MONITORING CEREBRAL PHYSIOLOGY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	12/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WINAKUR, ERIC FRANK	3736	600-310000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Curators of the University of Missouri

Columbia, Missouri

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Authorized Signature *[Signature]*  
 Typed or printed name William B. Kircher

Date 10/20/2005  
 Registration No. 22,481

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